

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

226091

FLORIDA
COMMISSION ON ETHICS

APR 29 2016

RECEIVED

**PROCESSED
CONFIDENTIAL**

LAST NAME — FIRST NAME — MIDDLE NAME:

MORGAN Thelbert DAVID

MAILING ADDRESS:

1700 W. LEONARD ST

PO BOX 18770

CITY:

Pensacola

ZIP:

32523-8770

COUNTY:

ESCAMBIA

NAME OF AGENCY:

ESCAMBIA County Sheriffs Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Sheriff (Incumbent) #226091

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 2015 was \$ 1,238,567.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 135,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
[REDACTED] Real Estate	380,000.00
5051 Grande Dr, I-7, Pas FL 32503 Real Estate	119,897.00
5051 Grande Dr, D-3, Pas FL 32503 Real Estate	129,786.00
2804 Donley St. Pas FL 32526 Real Estate	36,384.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>NONE</u>	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>NONE</u>	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc. of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>NONE</i>		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Escambia

Sworn to (or affirmed) and subscribed before me this 26th day of April, 20 16 by Thelbert D. Morgan

Carissa Mitchell
 (Signature of Notary Public--State of Florida)



CARISSA MITCHELL
 MY COMMISSION # FF 940644
 EXPIRES: April 1, 2020
 Bonded Thru Budget Notary Services

Personally Known OR Produced Identification _____

Type of Identification Produced _____

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, NONE, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

PART B – ASSETS (cont) NAME: Thelbert David Morgan #226091

Money Market Savings \$ 430,000.00

Eglin Federal Credit Union
838 Eglin Pkwy, N.E.
Ft. Walton Beach, FL 32547-3935

USPA IRA \$ 5,000.00

Business Equipment (computer, bookshelves, etc.) \$ 2,500.00

NO OTHER

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records.
▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

2015

Submission Identification Number (SID) ▶

Taxpayer's name THELBERT D MORGAN	Social security number [REDACTED]
Spouse's name [REDACTED] MORGAN	Spouse's social security number [REDACTED]

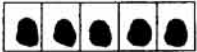
Part I Tax Return Information – Tax Year Ending December 31, 2015 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	161,295.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	25,669.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	37,494.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	11,825.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)


Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize DON TANNER ERO firm name to enter or generate my PIN  as my signature on my tax year 2015 electronically filed income tax return. Enter five digits, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize DON TANNER ERO firm name to enter or generate my PIN  as my signature on my tax year 2015 electronically filed income tax return. Enter five digits, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.



Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 04/15/2016

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions.

Your first name and initial THELBERT D Last name MORGAN Your social security number [REDACTED]

If a joint return, spouse's first name and initial [REDACTED] Last name MORGAN Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED] Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

Filing Status

- 1 [] Single
2 [X] Married filing jointly (even if only one had income)
3 [] Married filing separately. Enter spouse's SSN above and full name here.
4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 [] Qualifying widow(er) with dependent child

Exemptions

Table with columns for dependents (First name, Last name, Social security number, Relationship to you, Child under age 17) and rows for exemptions (6a, 6b, 6c, 6d). Includes 'Boxes checked on 6a and 6b' and 'Add numbers on lines above'.

Income

Table with columns for income types (7-22) and amounts. Includes 'Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.' and 'If you did not get a W-2, see instructions.'

Adjusted Gross Income

Table with columns for adjusted gross income items (23-37) and amounts. Includes 'Combine the amounts in the far right column for lines 7 through 21. This is your total income' and 'Subtract line 36 from line 22. This is your adjusted gross income'.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

THELBERT D & [REDACTED] MORGAN

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1		
2	Enter amount from Form 1040, line 38 <u>2</u>	2		
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid		5 State and local (check only one box):		
a	<input type="checkbox"/> Income taxes, or	5	1,606.	
b	<input checked="" type="checkbox"/> General sales taxes	6	6,722.	
6	Real estate taxes (see instructions)	7		
7	Personal property taxes	8		
8	Other taxes. List type and amount	9		8,328.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		
Note: Your mortgage interest deduction may be limited (see instructions).		10	2,745.	
		11		
		12		
		13		
		14		
		15		2,745.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.		
If you made a gift and got a benefit for it, see instructions.		16	2,125.	
		17		
		18		
		19		2,125.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) See Schedule A, Line 21 Statement		
		21	6,997.	
		22		
		23		
		24	6,997.	
		25	161,295.	
		26	3,226.	
		27		3,771.
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount		
		28		
Total Itemized Deductions		29 Is Form 1040, line 38, over \$154,950?		
		No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		29
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		16,969.
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2015

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.
▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Name(s) shown on return

Your social security number

THELBERT D & [REDACTED] MORGAN

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	2804 DONLEY ST PENSACOLA FL 32505				
B	5051 GRANDE DR UNIT I-7 PENSACOLA FL 32503				
C	5051 GRANDE DRIVE #D-3 PENSACOLA FL 32503				
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B	1		365	0	<input type="checkbox"/>
C	1		365	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	8,160.	6,960.	11,600.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6	408.	408.	408.
7 Cleaning and maintenance	7			
8 Commissions.	8			
9 Insurance	9	1,034.	885.	846.
10 Legal and other professional fees	10			
11 Management fees	11	696.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14	672.	467.	2,667.
15 Supplies	15			
16 Taxes	16	613.	2,150.	2,349.
17 Utilities.	17			171.
18 Depreciation expense or depletion	18	2,182.	6,727.	5,676.
19 Other (list) ▶ See Line 19 Other Expenses	19	39.	1,731.	1,731.
20 Total expenses. Add lines 5 through 19	20	5,644.	12,368.	13,848.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	2,516.	-5,408.	-2,248.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	(5,408.)	(2,248.)
23a Total of all amounts reported on line 3 for all rental properties	23a		26,720.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d		14,585.	
e Total of all amounts reported on line 20 for all properties	23e		31,860.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			2,516.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			(7,656.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. NPA	26			-5,140.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

THELBERT D & [REDACTED] MORGAN

[REDACTED]

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. [] Yes [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Rows A, B, C, D, 29a Totals, 29b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, 34b Totals, 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 38, 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

2015

Form W-2 Wages and Tax Statement
 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).
 OMB No. 1545-0008

1 Wages, tips, other compensation **149976.16**
2 Federal income tax withheld **37494.01**

3 Social security wages **118500.00**
4 Social security tax withheld **7347.00**

5 Medicare wages and tips **154529.95**
6 Medicare tax withheld **2240.67**

10 Dependent care benefits **.00**
11 Nonqualified plans **.00**

12a See instruction for box 12 **.00**
12b **.00**
12c **.00**

13 Statutory Retirement plan This entry emp. sick-pay
14 Other FLEX 325.20
 RET 4553.79

a Employee's social security no. [REDACTED]
b Employer identification number [REDACTED]

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, this information may be used to determine if you may be imposed on you. If this income is taxable and you fail to report it.

15 State [REDACTED] **16** State wages, tips, etc. **.00**
17 State income tax **.00**
18 Local wages, tips, etc. **.00**
19 Local income tax **.00**
20 Locality name

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

Form W-2 Wage and Tax Statement 2015
 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)
 OMB No. 1545-0008

7 Social security tips
8 Allocated tips
9
10 Dependent care benefits
11 Nonqualified plans
13 Statutory Retirement plan This entry emp. sick pay
14 Other 401A 94.61
b Employer identification no. (EIN)
a Employee's social security no.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1 Wages, tips, other compensation **1166.89**
2 Federal income tax withheld
3 Social security wages **0.00**
4 Social security tax withheld
5 Medicare wages and tips **1261.50**
6 Medicare tax withheld **18.27**
12a See instructions for box 12
12b
12c
12d

15 State [REDACTED] **16** State wages, tips, etc.
17 State income tax
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

DEPT. OF THE TREASURY - IRS

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CITY OF PENSACOLA P. O. BOX 12910 PENSACOLA, FL 32521-0061 (850) 435-1818		1 Rents \$ 5,364.00	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	Miscellaneous Income Copy B For Recipient
PAYER'S federal identification number 596000406	RECIPIENT'S identification number [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
RECIPIENT'S name MORGAN, THELBERT D Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code [REDACTED]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	11	12	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$			
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State Income \$		

Form 1099-MISC

(Keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EGLIN FEDERAL CREDIT UNION 838 EGLIN PARKWAY NE FORT WALTON BEACH, FL 32547 (850) 862-0111 10Z 3010330 18776		Calendar year 2015	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			OMB No. 1545-0112 Statement for Recipients of Interest Income Copy B -- For Recipient 2015 Form 1099-INT
Recipient's identification number [REDACTED]	5 Foreign tax paid 0.00	7 Foreign country or U.S. possession	15 State 0.00	16 State identification no.	17 State Tax Withheld 0.00	Payer's RTN (optional)
PAYER'S Federal identification number 59-0724728	3 Interest on U.S. Savings Bonds and Treas. obligations 0.00	5 Investment expenses 0.00	10 Market discount 0.00	8 Tax-exempt interest 0.00	9 Specified private activity bond interest 0.00	
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code [REDACTED] 18776 LAT 0.416 0.4160 [REDACTED] MORGAN [REDACTED]		All accounts; shown below are for the Recipient identification number shown at left	13 Tax-exempt interest 0.00	14 Bond premium on tax-exempt bond	12	
Account Number (see instructions)		1 Interest income 573.37	2 Early withdrawal penalty 0.00	4 Federal Income tax withheld 0.00		
FATCA filing requirement <input type="checkbox"/>		TOTALS	573.37	0.00	0.00	

Form 1099-INT

(keep for your records.)

www.irs.gov/1099int

Department of the Treasury - Internal Revenue Service